

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAR 04 2011

Maire Floir

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGIS	SLATOR INFORMATION	
Name Gary E. Plummer Mailing address 248 Gray Road		Office: House Senate District
City, zip code Windham, Maine	04062	Phone 892-6088
PART 1. INCOME DERIV	/ED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each employer from whom economic activity of each employer. None	you received compensation of \$1,000	or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
Masne State Legislature		State Representation
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.	any, and list the major areas of econor sional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		
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PART 2 (continue	d). INCOME DERIVED FROM	M SELF-EMPLOYMENT
T W 1,000, WINCHOVER IS GREATER, AND SHELIN THE DE	law rule or an established code	of the entity or person from whom you derived such of professional ethics, specify only the principal type of
Name and Add		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Masue State Retorend Address:	out System	Refored Teacher
Name: Kevin + Debra Cobb Address:	TT G COMM-Management Terminal distancements, but an influence management is become a common against a second a	Rontal House
PAR	T 3. OTHER SOURCES OF I	NCOME
List each source of income of \$1,000 or more not list box.	sted in Parts 1 or 2 of this form. D	o not include gifts or honoraria. If none, check the
None		
Name and Address	ess of Source	Kind of Income (investments, leases, etc.)
Name:		·
Address:		:
Name:	TO THE TAX AND	
Address:		
Name:	And Delivers are now of the state of the sta	
Address:		
	T 4. REPORTABLE LIABILIT	
List the names of creditors for any <u>unsecured</u> loans areas of economic activity of each creditor. Do not lis regulated financial institutions. If none, check the box		eived during the reporting period, and list the major il loans, loans from a relative, or business loans from
None		2
· Name and Addres	s of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PA	RT 5. REPORTABLE GIFTS	
List the specific source of gifts received during the repo	i.	1
None		ACCOUNTS AND
Name of Source of Gift		Name of Source of Gift
	3.	4
2.	4.	200 de la company de la compan

	PART 6. REPORTABLE HONO	DRARIA	
List the source of any honoraria accept	ed for appearances or speeches. If none, cr	heck the box.	
None	The state of the s	т с что на на вогра до Соверовин пово под вого под вого под вого на	The state of the Land of the state of the st
Name of Source of I	Honoraria	Name of Source of Honoraria	
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PAI	RT 7. REPRESENTATION BEFORE ST	TATE AGENCIES	
List each executive branch agency befolios.	ore which you represented or assisted other	rs for compensation of any amount. If non	e, check t
None		r/Massiluhasiluh bahan propriasion (Massiluh Saharan 1910) da Sahasal da Massiluh da mayar 1910 da Sahasal (Massiluh da mayar 1910) da Sah	- the first and property to the first state of the
Name of Agen	Cy	Name of Agency	and the second s
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2,	4.		
	PART 8. BUSINESS WITH STATE A		
\$1,000 during the reporting penoa. Indic	hich you or a member of your immediate fa ate whether you or a family member sold the	amily sold goods or services with a value in a goods or services. If none, check the box	n excess d
None			Section of the sectio
Name of Agence	######################################	Name of Agency	TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P
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2 .	4.		
PART 9. II	NCOME RECEIVED BY MEMBERS OF	IMMEDIATE FAMILY	
dependent chila(ten) during the reporting	enting each source of income of \$1,000 or n period and the kind of income represented. d job title. List only the job title of dependent	If your snouse or domestic partner receive	
Name of Spouse or Domestic Partner	Type of Econom and Job Title Representing Sourc Received	ce of Income Kind of Income	2
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ob Title:	2.	2.	
and the second s	3.	3.	
Dependent Child(ren) - Job Title	es Only		~~~~\\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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b Title:			
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	PART 10. O	FFICER OR DIRECTO	OR POSITIONS		
	profit corporation, firm, association hip, directorship, or position of ar If a family member listed, indicat				ediate family vhether the po
None		entrettett det treetstellenbergen gestillettellettellenbergen (SMA educidansen)	- Transfer of the second second	menine,	engeneranne "Balle" Sommer ver ett ett 1900 Medie ver en en e
	nization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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